

**Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review
for
Day and Residential Services**

Domain 2. Individual Planning and Implementation

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.

Indicators	Results	Guidance	Comments
2.A.1. The person and family members report they are active participants in developing and revising the plan to the extent they desire.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Individual Interview and /or other review activities as needed to determine if the provider supports the person's and/or family's involvement.</p> <p>The person and family members report they are active participants in revising the plan.</p> <p><i>Provider Manual Reference: 2.5.c.; 3.1; 3.3.; 3.10.f.; 3.12.</i></p>	
*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider completed the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current supports and interventions.</p> <p>The provider actively participates in the information gathering process.</p> <p>The entity that writes an ISP has ultimate responsibilities in this area.</p> <p>Individual risk (e.g., physical, behavior) is assessed.</p> <p><i>Provider Manual Reference: 3.3.a.;3.4.; 3.5.; 3.6.b.; 3.6.c.; 3.7.b.; 3.9.; 3.11.d.; 3.12.; 3.15.; 3.19.; 10.3.a.</i></p>	

Outcome 2B. Services and supports are provided according to the person's plan.			
Indicators	Results	Guidance	Comments
*2.B.2. The person's plan is implemented in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as needed</u> Services, plans and programs are developed and implemented according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP). <i>Provider Manual Reference: 3.10.e.; 3.12.c.; 3.17.</i>	
*2.B.3. The person receives services and supports as specified in the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Services are consistently provided in a timely fashion, and in the approved type, amount, frequency, and duration identified in the person's Individual Support Plan. Discrepancies in approved units versus delivered units are identified and explained. Recommendations are made as needed to reduce discrepancies. <i>Provider Manual Reference: 3.17.; 3.17.a.; 6.11.; 9.2-5.; 9.7.; 9.8.; 9.8.a.; 9.8.b.; 9.9.; 10.4.; 11.2.c.</i>	
*2.B.4. Provider staff are knowledgeable about the person's plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Staff Interview and/or other review activities as needed.</u> The provider ensures that there is a copy of the current ISP located in the day and residential record and staff have access. Provider staff have received training specific to the person's individual needs, interventions and programs and are knowledgeable about any responsibilities they have to carry out related to activities identified in the plan. This includes supports related to risks, health related needs, dietary issues, and equipment. If the person is receiving services from the school system, staff should be knowledgeable about his	

		<p>or her school services.</p> <p><i>Provider Manual Reference: 3.12.c.; 3.17.; 6.11.; 7.2.b.; Chapter 11; 11.9.</i></p>	
*2.B.5. Provider documents provision of services and supports in accordance with the plan.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>Ongoing documentation shows the provider's efforts to implement services and supports in accordance with the person's plan. This includes provision of supports related to risks, health related needs, dietary issues, and equipment. Documentation is completed and maintained per DIDD Provider Manual.</p> <p>Adaptive equipment, if needed, is accessible and in good working order.</p> <p>Supports and interventions relating to risks are carried out.</p> <p><i>Provider Manual Reference: 3.10.f.; 3.15.; 3.17.; 3.17.a.; 6.11.; 8.7.a.; 10.6.; Chapter 11</i></p>	
Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.			
Indicators	Results	Guidance	Comments
*2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>DIDD requirements are followed and issues related to delivery of services and implementation of the plan are detected and addressed to resolution.</p> <p>The review provides a summary of the progress in meeting ISP action steps and outcomes.</p> <p><i>Provider Manual Reference: 3.17.; 3.18.; 3.18.a. 1-7); 10.6.c.</i></p>	
2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>Documentation reflects when there are issues that may impact the continued implementation or appropriateness of an ISP or when there is a need for a periodic review of the ISP, provider staff notify the appropriate persons, provide all needed information and follow the issue to resolution.</p> <p>The provider is responsible for carefully reviewing</p>	

		<p>the final ISP and notifying the ISC of any inaccurate, conflicting or missing information.</p> <p><i>Provider Manual Reference: 3.6.b.; 3.8.; 3.9.c.; 3.10.f.; 3.11.d.; 3.15; 3.18.; 3.18.a.;10.6.c.; Chapter 11</i></p>	
Domain 3. Safety and Security			
Outcome 3A: Where the person lives and works is safe.			
Indicators	Results	Guidance	Comments
3.A.1. The person and family members report they feel safe in their home and community.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed</u></p> <p>The person reports feeling safe and secure in all of his/her environments.</p>	
3.A.2. The person and family members report no environmental safety issues.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed</u></p>	
*3.A.3. Provider responds to emergencies in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Provider documentation indicates appropriate action is taken in a timely manner when emergencies occur.</p> <p><i>Provider Manual Reference: 7.1.; Chapter 11</i></p>	
3.A.4. Provider staff report that the system for obtaining back-up or emergency staff is working.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Staff Interview</u></p> <p>Staff demonstrate that emergency procedures and phone numbers are readily available.</p> <p><i>Provider Manual Reference: 6.8.; 9.8.a.4); 10.4.d.</i></p>	
*3.A.5. Providers assess and reassess the home and work environment regarding personal safety and environmental safety issues.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The staffing plan is present and followed.</p> <p>There are no apparent safety issues in the home or work environment. This includes any day services that the person is receiving.</p> <p>Hazardous cleaning supplies or chemicals are stored securely and separately from food and medication.</p>	

		<p>The home/program site and yard are free of any hazardous situation/ conditions and are accessible for the person.</p> <p>The home has inside and outside lighting that works.</p> <p>Windows in the bedroom are intact and functional.</p> <p>The person's bedroom door opens and closes properly.</p> <p>Multiple means of egress are accessible and without barriers.</p> <p>Smoke detectors are installed and operable.</p> <p>Fire extinguishers are present in the home and work site and are operable.</p> <p>The provider maintains a first aid kit in each residence with adequate supplies.</p> <p>Fire drills must be held and documented.</p> <p><i>Provider Manual Reference: 9.5.a.; 9.8.; 9.11.a.; 9.11.c.; 10.4.; Chapter 11; Deputy Commissioner memo 3/21/05, "Inspection of Supported Living Homes"</i></p>	
*3.A.6. Providers resolve safety issues in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Actions are taken to communicate and rectify any individual safety issues or problems identified.</p> <p>Provider documentation indicates actions are taken and resolution occurs in a timely manner when safety issues are identified.</p> <p><i>Provider Manual reference: 19.11.a.</i></p>	
*3.A.7. Providers use a system of inspection and maintenance of vehicles used for transport.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Vehicles used for the person's transportation are well maintained and safe in accordance with the agency's system of inspection and maintenance.</p> <p>First-aid kits are available in all vehicles.</p>	

		<i>Provider Manual Reference: Chapter 11; Provider Agreement A.14</i>	
Outcome 3B. The person has a sanitary and comfortable living arrangement.			
Indicators	Results	Guidance	Comments
*3.B.1. The person's place of residence and work/day site are well maintained and provide a sanitary and comfortable environment.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider supports individuals in making decisions about their home, including how the home is decorated and furnished. These decisions are made known to service providers who support people in their homes.</p> <p>The home is comparable to others located in the same neighborhood (standards of lawn care, vehicle parking, etc.).</p> <p>The interior and exterior of the home/program site is in good condition. Furnishings are adequate and in good condition.</p> <p>Heating and cooling systems achieve desirable temperatures (68 – 78 degrees or as desired or needed by the person).</p> <p>The home/program site is neat, clean and odor-free.</p> <p><i>Provider Manual Reference: 2.4.a.; 6.5.8); 6.6.f.7)</i></p>	
Outcome 3C. Safeguards are in place to protect the person from harm.			
Indicators	Results	Guidance	Comments
3.C.1. The person and family members report they understand the reporting system for reportable incidents and know what to expect when a report has been made.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed</u></p> <p>The person knows what to do if someone mistreats him/her or fails to provide needed assistance to him/her (or is supported as needed to respond to these issues).</p>	
3.C.2. The person and family members report they feel that they can report incidents without fear of retaliation.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed</u></p>	

<p>*3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p><u>Interview</u></p> <p>For all settings in which they work, staff are able to locate available incident reporting documents and are knowledgeable about protection from harm policies and procedures.</p> <p>Staff know how to access the State Investigator contact number and are knowledgeable about how to identify and report instances of suspected abuse, neglect or exploitation.</p> <p><i>Provider Manual Reference: 18.2.; 18.4.</i></p>	
<p>3.C.7. Provider staff report feeling safe to report incidents without fear of retaliation.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p><u>Individual (Staff) Interview</u></p>	
<p>3.C.9. The provider records all complaints, takes action to appropriately resolve the complaints presented, and documents complaint resolution achieved.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p>The person and/or legal representative have been provided individually appropriate information regarding how to access and use complaint resolution processes if complaints arise concerning his/her services including contact information for both for his/her service provider and for the Regional Office Compliant Resolution Unit.</p> <p>The person and family members report they know whom to contact regarding problems and concerns.</p> <p>The person and family members indicate that reported problems and concerns are resolved in a timely and courteous manner.</p> <p><i>Provider Manual reference: 2. 10.a-b; 2. 11.a-b; 6.4.; 18.1.</i></p>	
<p>*3.C.10. The provider reports incidents as required by DIDD, including following timeframes and directing the report to the appropriate party.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>Individual documentation and interview(s) indicate timely and appropriate reporting.</p> <p><i>Provider Manual reference: 18.2.a., b.</i></p>	

Domain 4. Rights, Respect and Dignity			
Outcome 4A. The person is valued, respected and treated with dignity.			
Indicators	Results	Guidance	Comments
4.A.1. The person and family members report that the person is valued, respected, and treated with dignity.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> <u>Direct Observation</u> <i>Provider Manual Reference: 2.4.a.1)</i>	
*4.A.5. Providers demonstrate and provide supports that promote value, respect and fair treatment for persons they serve.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Direct Observation (may include review of documentation)</u> The person is referred to by name. The person is referred to appropriately (i.e., slang terms or disability labels are not used to refer to the person). Staff interacts with the person in a manner of mutual respect and cooperation. The person is treated with dignity, respect and fairness; is listened to, responded to and treated as an adult (if an adult). Arrangements made with the person by provider staff are kept and on time, as planned. Services and supports are consistently implemented in accordance with the person's current preferred lifestyle and related needs, and in a manner to increase personal independence, productivity, integration and inclusion. Personal information is maintained in a confidential manner. Individual interview, observation, and/or other review activities indicate the person's accomplishments are acknowledged and, if	

		<p>applicable, are celebrated.</p> <p>The person has a positive image (e.g., does age appropriate activities, appearance, works and lives in typical settings) in the community.</p> <p><i>Provider Manual Reference: 2.4.a.5)-6); 2.5.a; 2.6.; 2.7.a.; 2.9. 6.5.1)-2); 6.8.</i></p>	
Outcome 4C. The person exercises his or her rights.			
Indicators	Results	Guidance	Comments
*4.C.2. The person has time, space and opportunity for privacy.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated; Direct Observation; Record Review</u></p> <p>The person has time, space and opportunities for privacy, including closed doors, no one entering personal space without seeking permission, access to a private telephone, visiting and grooming/dressing space, private mail.</p> <p>Review of provider documentation indicates no problems with privacy.</p> <p><i>Provider Manual Reference: 2.4.a.13) – 16); 2.6.c.</i></p>	
*4.C.3. The person is encouraged to exercise personal control and choice related to his or her own possessions.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated; Record Review</u></p> <p>Review of provider documentation (including staff communication notes, personal property inventory, etc.) indicates the person is supported to have his or her own possessions.</p> <p>The provider ensures possessions are taken with the person if they move. Personal property is efficiently and effectively transferred in a timely manner to the new provider when a change of providers occurs according to TennCare and DIDD Provider Manual.</p> <p>The person has appropriate clean and seasonal clothing, including any protective clothing or gear</p>	

		<p>for work, if needed. The provider works with the family/residential provider to resolve any issues related to clothing needs.</p> <p>The person has appropriate access to his or her own funds.</p> <p><i>Provider Manual Reference: 2.4.a.10); 6.10.f.10); 6.10.f.11)</i></p>	
*4.C.7. The person exercises his or her rights without inappropriate restriction.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated; Direct Observation</u></p> <p>The person is appropriately supported to have basic rights and to have as much control over his/her life as possible.</p> <p>Information is not released without current consent signed by the person and/or his or her legal representative.</p> <p>The person and/or legal representative report he or she has been provided with understandable information regarding his/her rights as a citizen, agency grievance and appeal rights, rights to confidentiality, to access records, and to decide with whom to share information.</p> <p><i>Provider Manual Reference: 2.22.r.,s.; 2.3.; 2.4.</i></p>	
4.C.10. The provider assists the person in addressing needs relating to legal status.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p>The agency notifies the ISC if issues arise that indicate the need for change in the person's conservatorship status or competency status.</p> <p><i>Provider Manual Reference: 2.21.</i></p>	

Outcome 4D. Rights restrictions and restricted interventions are imposed only with due process.			
Indicators	Results	Guidance	Comments
4.D.2. The person and family members report that they knowingly and voluntarily gave consent to restricted interventions and have the opportunity to refuse, withdraw, or modify approval.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> If there is any rights restriction, restricted intervention or psychotropic medication being used by the person, the person and his/her family and/or legal representative have received information about risks, benefits, side effects and alternatives, and have given voluntary, informed, documented consent for the use of the intervention or medication. Consents are renewed according to the DIDD Provider Manual. <i>Provider Manual Reference: 2.22; Chapter 11; 12.9; 12.13</i>	
*4.D.3. Rights restrictions and restricted interventions are reviewed and/or approved in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Providers take collaborative and coordinated action to: <ol style="list-style-type: none"> 1. Obtain Human Rights Committee review of the use of psychotropic medication(s); 2. Obtain Human Rights Committee review prior to the programmatic use of restricted interventions; 3. Review the use of psychotropic medication in accordance with the DIDD Provider Manual; and 4. Ensure Behavior Support Committee and Human Rights Committee review is conducted prior to implementation of behavior support plans containing restricted measures. <i>Provider Manual Reference: 2.22; Chapter 11; 12.9; 12.13</i>	
*4.D.4. The provider imposes restricted interventions in accordance with the person's behavior support plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Restricted interventions are utilized only in compliance with DIDD Policy and when addressed in an approved Behavior Support Plan. <i>Provider Manual Reference: 2.22; 12.9</i>	

Domain 5. Health			
Outcome 5A. The person has the best possible health.			
Indicators	Results	Guidance	Comments
5.A.3. The person reports that he/she has been educated about health risks and is supported to develop healthy alternatives (e.g., smoking cessation, routine exercise, good nutrition).	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p>Identified health risks are discussed with the person and/or their family (if appropriate).</p> <p>There is evidence that the person is supported in knowing, making decisions about, and accessing health services and equipment. Training and information about personal health maintenance and accessing available health care is provided.</p> <p><i>Provider Manual Reference: Chapter 11</i></p>	
*5.A.4. Medical examinations are provided in accordance with TennCare guidelines and other assessments are obtained as recommended or indicated.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider ensures that each person receives physician services as needed and that each TennCare enrollee has a medical examination, documented in the person's record, in accordance with the following schedule:</p> <p>Age minimum frequency of medical examinations:</p> <ul style="list-style-type: none"> • Up to age 21 -- In accordance with TennCare EPSDT standards. • 21-64 -- Every one (1) to three (3) years, as determined by the person's physician (if not ordered less often, a yearly exam is expected). • Over age 65 – Annually <p>The person has regular contact with a dentist. For individuals who are edentulous, the PCP can address gum condition.</p> <p>TD screenings completed every six months for individuals receiving neuroleptic medications.</p> <p>Preventative assessments such as GYN, mammograms and prostate exams are completed as indicated.</p>	

		<i>Provider Manual Reference: 2.19.1); Chapter 11</i>	
*5.A.5. Needed health care services and supports are provided.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Physician's orders are current and carried out as written in a timely manner.</p> <p>All specialized health services needed by the person are accessed in a timely manner.</p> <p>All specialized health related equipment / supplies needed by the person is accessed in a timely manner and maintained appropriately on a continuous basis.</p> <p>Ongoing documentation shows the provider's efforts to obtain needed treatments, follow-up and assessments within time frames indicated or needed.</p> <p>Agency documentation systems verify staff implementation of health care related interventions.</p> <p>Providers perform appropriate healthcare oversight by appropriately qualified staff which in some cases may be a Registered Nurse.</p> <p>Any health related procedures requiring completion by a nurse are completed only by a nurse. Only a registered nurse may delegate activities related to health related procedures.</p> <p>Documentation of RN delegation includes and specifies:</p> <ol style="list-style-type: none"> 1. That the nurse personally is delegating his/her license; 2. Names of staff delegation is applicable to; 3. Specific task/s being delegated; 4. Description of training provided to staff; and 5. Description of how the RN will monitor staff. <p><i>Provider Manual Reference: Chapter 11; 13.9.; 14.2; Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.</i></p>	

5.A.6. Health care services and supports are coordinated among providers and family members.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider is actively involved in collaborative and coordinated actions to address barriers and concerns related to health care supports and services.</p> <p>All requirements regarding the administration and review of psychotropic medications are followed.</p> <p>The agency ensures there is a plan for “as needed” or PRN orders for psychotropic medications as ordered by the physician. The plan shall include a list of less restrictive measures to be taken or attempted to stabilize the situation should a crisis occur.</p> <p><i>Provider Manual Reference: Chapter 11</i></p>	
*5.A.8. Provider staff take actions to address the person's emerging health problems or issues.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Upon discovery of any emerging health problems, ineffective medical interventions, additional information, or changes in health care concerns:</p> <ol style="list-style-type: none"> 1. Provider staff obtain the necessary intervention from the applicable health care provider, and 2. The provider notifies the person's Independent Support Coordinator. <p><i>Provider Manual Reference: Chapter 11; 18.2.a - b.</i></p>	
Outcome 5B. The person takes medications as prescribed.			
Indicators	Results	Guidance	Comments
5.B.1. The person's record adequately reflects all the medications taken by the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The person's record contains current physician's orders for each medication (includes prescribed and over the counter).</p> <p>All PRN orders for medications define parameters per DIDD requirements.</p> <p>The person's record contains information about the person's current medications as well as pertinent historical information about any allergies or issues related to specific medications.</p> <p><i>Provider Manual Reference: Chapter 11</i></p>	

<p>*5.B.2. Needed medications are provided and administered in accordance with physician's orders.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The provider ensures that prescription medications are taken in accordance with the directions of a physician.</p> <p>Ongoing medication refusals are reported to the prescribing practitioner.</p> <p>Medication variances are effectively detected, responded to, and reported per agency and DIDD policy and procedures.</p> <p>For persons who self-administer medications, the provider establishes procedures for and monitors the person's self-administration plan.</p> <p><i>Provider Manual Reference: Chapter 11; 18.4.b.4)</i></p>	
<p>*5.B.3. Only appropriately trained staff administer medications.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>All unlicensed direct support staff who administer medications have successfully completed the Medication Administration by Unlicensed Personnel course, as per DIDD medication administration guidelines, and continue to maintain their certification, per DIDD Provider Manual.</p> <p>Any medications requiring administration by a nurse are administered only by a nurse. Only a registered nurse may delegate activities related to medication administration.</p> <p>Documentation of RN delegation includes and specifies:</p> <ol style="list-style-type: none"> 1. That the nurse personally is delegating his/her license; 2. Names of staff delegation is applicable to; 3. Specific task/s being delegated; 4. Description of training provided to staff; and 5. Description of how the RN will monitor staff. <p><i>Provider Manual Reference: Chapter 11; Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.</i></p>	

<p>*5.B.4. Medication administration records are appropriately maintained.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>Medication administration records are documented, legible, and accurately reflect DIDD requirements.</p> <p>Documentation of PRN medication includes the reason and result on the MAR.</p> <p>Information related to side effects, such as medication profile sheets, are maintained in the person's record in a place readily accessible to the person administering the medications.</p> <p>Information listed on the MAR matches the prescription label and physician's orders.</p> <p><i>Provider Manual Reference: Chapter 11</i></p>	
<p>5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>Medications must be stored securely in a locked container that ensures proper conditions of security, sanitation and prevents accessibility to any unauthorized person. Controlled substances are double locked and accounted for as required.</p> <p>Medications requiring refrigeration must be stored in a locked container within the home's refrigerator or in a separate, locked refrigerator.</p> <p>The medication for the person is stored separately from medications taken by other people.</p> <p>The medication for the person is stored separately from other items including cleaning supplies or other hazardous substances.</p> <p>Medications taken for internal use and externally applied medications are stored separately.</p> <p>All medications are clearly labeled.</p> <p>Each of the person's prescribed medications must have a pharmacy label.</p> <p>Discontinued medications are disposed of according to the agency's approved medication administration policies and procedures.</p>	

		Medications are stored appropriately when they must be transported for administration during community outings. <i>Provider Manual Reference: Chapter 11</i>	
Outcome 5C. The person's dietary and nutritional needs are adequately met.			
Indicators	Results	Guidance	Comments
*5.C.1. The person is supported to have good nutrition.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider ensures that mealtimes are planned and occur in order to meet the person's dietary needs and preferences.</p> <p>The provider ensures the person is involved in meal/menu planning.</p> <p>Dietary guidelines and special mealtime instructions are developed by qualified professionals and implemented as recommended / ordered by qualified professionals and as identified in the person's ISP. This includes the administration of enteral nourishment.</p> <p>Any dietary or nutritional supports requiring administration by a nurse are administered only by a nurse. Only a registered nurse may delegate activities related to dietary or nutritional supports.</p> <p>Documentation of RN delegation includes and specifies:</p> <ol style="list-style-type: none"> 1. That the nurse personally is delegating his/her license; 2. Names of staff delegation is applicable to; 3. Specific task/s being delegated; 4. Description of training provided to staff; and 5. Description of how the RN will monitor staff. <p><i>Provider Manual Reference: Chapter 11; Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.</i></p>	
*5.C.2. The person's residence has adequate quantities of nutritious food to meet dietary needs and preferences.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Interview</u></p> <p>In residential programs, a forty-eight (48) hour supply of food must be maintained at the person's</p>	

		home that is sufficient for meeting the needs, to include any special dietary needs and preferences of the person. <i>Provider Manual Reference: Chapter 11</i>	
Domain 6. Choice and Decision Making			
Outcome 6A. The person and family members are involved in decision-making at all levels of the system.			
Indicators	Results	Guidance	Comments
6.A.3. The person and family members are given the opportunity to participate in the selection and evaluation of their direct support staff.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> <i>Provider Manual Reference: 9.5.c.</i>	
6.A.4. The person and family members report they feel free to express their concerns to providers and report that the provider acts upon their concerns.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> <i>Provider Manual Reference: 2.14</i>	
Outcome 6B. The person and family members have information and support to make choices about their lives.			
Indicators	Results	Guidance	Comments
6.B.1. The person is supported to communicate choices.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated; Direct Observation</u> The person makes choices about daily activities (e.g., choosing own videos or TV shows, selecting meals, deciding when to go to bed). The person makes major life choices (e.g., employment, marriage, housing, and housemate). The person makes choices regarding how to spend his or her own money. <i>Provider Manual Reference: 2.4.a</i>	

Domain 7. Relationships and Community Membership**Outcome 7A. The person has relationships with individuals who are not paid to provide support.**

Indicators	Results	Guidance	Comments
7.A.1. The person has opportunities for meaningful contact with a broad range of other people in the community.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p>The person visits friends, acquaintances and/or places where he/ she has an opportunity to make friends and acquaintances on a regular basis and according to his/ her preference.</p> <p>The person has the means (transportation, money, provider supports) necessary to facilitate meaningful contact with others.</p> <p><i>Provider Manual Reference: 2.4.a.6); 2.4.a.15); 2.4.a.19).</i></p>	
7.A.2. The person has meaningful relationships.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p>The person has an active relationship with others (might include family, boyfriend/ girlfriend, neighbors, work mates, people at church or other local establishments).</p> <p>The person has friends and acquaintances of his/ her choosing.</p> <p>Supports and services identified in the person's ISP related to supporting or developing the person's desired relationships are carried out.</p> <p>The person is supported to stay in contact with or reconnect with friends and family members when this is the person's desire.</p> <p>The person's direct support staff have received any needed training and are knowledgeable about the person's preferences and how to implement the person's plan for maintaining/developing</p>	

		<p>relationships.</p> <p>The person expresses satisfaction with his/ her relationships with others.</p> <p>The person is satisfied with the support he/ she receives in maintaining and developing relationships.</p> <p><i>Provider Manual Reference: 2.4.a.15)</i></p>	
Outcome 7B. The person is an active participant in community life rather than just being present.			
Indicators	Results	Guidance	Comments
7.B.1. The person routinely participates in a variety of community activities.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p>The person participates in community activities according to his/ her preference.</p> <p>The person has the means (transportation, money, provider supports) necessary to participate in community activities as desired.</p> <p>If the person is unsure of his or her interests, he or she is supported to actively explore a variety of community experiences to assist him/ her with identifying interests.</p> <p>The person is supported to engage in life activities that are typical of people without disabilities.</p> <p><i>Provider Manual Reference: 2.2.a.5); 3.17.; 6.10.; 7.2.b.; Introduction 9.c.; 10.4.b.; 10.4.b.3)</i></p>	

Domain 8. Opportunities for Work**Outcome 8A. The person has a meaningful job in the community.**

This Outcome applies to people who are working in a setting that provides the same opportunities for integration as other employees [examples may include: employment at a community based workplace including supported employment, self-employment if the person has opportunities for integration related to his or her business, participation as a member of an enclave, certain work for the provider agency (including receptionist, custodian, etc.)]

This Outcome is scored NA if the agency does not provide supported employment services.

Indicators	Results	Guidance	Comments
8.A.2. The person chooses where he or she works.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed to identify evidence that indicates the person was involved in the selection of their current work.</u></p> <p>If the person chooses to consider new work options, he or she is supported to explore a variety of pre-employment or new employment opportunities based on their interests and abilities. This may include participation in job clubs, work samples, work experiences prior to employment such as job shadowing and/or trial periods with potential employers, educational classes, visits to a variety of optional work locations, etc.</p> <p>The person's work status and work choices are reviewed whenever needed to address emerging concerns or desires but at least annually by the planning team.</p> <p>The person reports that he/she is satisfied with his/her job.</p> <p>If applicable, the person's desire for work in an integrated workplace has been supported and acted on.</p> <p><i>Provider Manual Reference: 10.1.</i></p>	
*8.A.5. The provider ensures that there are supports to promote job success, career changes and advancement.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Services of the Division of Rehabilitation Services are requested and accessed when the person is eligible for these services.</p> <p>Appropriate accommodations and/or assistive</p>	

		<p>technology needed for the person's work are provided.</p> <p>Initial and/or emerging job related barriers are addressed / resolved.</p> <p>The person's job satisfaction is monitored.</p> <p>Providers encourage typical probation and performance appraisal processes within each workplace.</p> <p>The person is not being required to work without compensation (except in upkeep of the person's own living space and of common areas of shared home), including assisting with the care and support of other people receiving services.</p> <p>The person is provided with job training in a manner which best suits the person's needs and abilities in order to enhance their success.</p> <p>The person earns wages commensurate with others in their position.</p> <p>The person is supported to pursue career enhancement opportunities such as more or better hours, better pay, job advancement/ changes, benefits, etc.</p> <p><i>Provider Manual Reference: 10.1.; 10.3.a.; 10.3.e.; 10.4.a.1); 10.4.a.8); 10.4.a.9); 10.6.c.</i></p>	
8.A.7. The provider communicates with the employer and other individuals to identify and solve work-related problems and provide supports.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Documentation reflects contact is made with the person's employer to promote a positive experience for all involved and to identify and resolve any work-related performance issues that may arise, unless the employer or individual objects to contact.</p> <p><i>Provider Manual Reference: 10.1.; 10.3.a.; 10.3.e.; 10.4.a.; 10.7.</i></p>	

Outcome 8B. The person's day service leads to community employment or meets his or her unique needs.

This Outcome applies to people receiving community- or facility-based day services, including work in a facility-based work setting.

Indicators	Results	Guidance	Comments
*8.B.1. The person's day services and their preferences related to work are periodically reviewed.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The person's day services and their preferences related to work are reviewed as may be indicated by the person and/or the person's ISP.</p> <p>For people who desire to work in the community, efforts made to support the person in activities that lead to employment are reviewed on at least a monthly basis.</p> <p>Employment is always considered in planning for day services. For those individuals who chose other day services options, the option of employment is reconsidered, at a minimum, during the annual ISP update.</p> <p>Vocational evaluations are completed every three (3) years unless declined by the service recipient and/or legal representative as applicable.</p> <p><i>Provider Manual Reference: 3.8.; 10.1.; 10.3.; 10.6.c.</i></p>	
*8.B.2. The person has meaningful, age-appropriate day activities for socialization, recreation, and learning.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>All day services address the person's unique needs, strengths and interests, have an identifiable purpose and assist the person to achieve personal outcomes.</p> <p>The day service provider carries out skill acquisition / maintenance activities.</p> <p>Services of the Division of Rehabilitation Services are requested and accessed when the person is eligible for these services.</p> <p>A monthly schedule of day activities is maintained by the provider for planning purposes.</p> <p>The person experiences opportunities to perform</p>	

		volunteer community activities if he or she chooses. <i>Provider Manual Reference: 6.11.; 8.7.a.; 10.3.; 10.4.b.1), 7); 10.4.b.3); 10.6.b.; 10.7.</i>	
Domain 9. Provider Capabilities and Qualifications			
Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.			
Indicators	Results	Guidance	Comments
9.A.3. The provider maintains appropriate records relating to the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	The provider complies with appropriate DIDD requirements related to the person's record. <i>Provider Manual Reference: Chapter 8.</i>	
Outcome 9B. Provider staff are trained and meet job specific qualifications.			
Indicators	Results	Guidance	Comments
9.B.1. The person and family members report that provider staff competently provides quality services and supports.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Individual Interview and/or other review activities as needed.	
*9.B.2. Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Ongoing training is provided as the person's needs change.	
Outcome 9C. Provider staff are adequately supported.			
Indicators	Results	Guidance	Comments
9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Staff Interview and/or other review activities as needed.</u> <i>Provider Manual Reference: 6.6.f.</i>	

Domain 10: Administrative Authority and Financial Accountability**Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide.**

Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Review of documentation and billing</u> <i>Provider Manual Reference: 20.6.b.</i>	

Outcome 10B. People's personal funds are managed appropriately.

Indicators	Results	Guidance	Comments
*10.B.2. The provider ensures that there is proper oversight and accounting of all funds belonging to the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Personal funds and related information are secure and stored appropriately.</p> <p>All monthly bank statements for the past year are present.</p> <p>The bank account is reconciled each month. The reconciled balance agrees with the check register.</p> <p>The agency maintains an adequate separation of duties for management of the person's funds.</p> <p>Account balances do not exceed the maximum allowed for eligibility.</p> <p>Bank signature cards are present.</p> <p>DIDD housing benefits are deposited to the person's account and used for the person's housing expenses.</p> <p>The agency maintains a separate bank account for all income for the person, if such is specified in the ISP. If the person is legally married, the agency maintains a separate joint bank account for him/her and the spouse, if such is specified in their ISPs.</p> <p>Personal allowance logs are utilized.</p>	

		<p>Logs are legible and contain no errors.</p> <p>Receipts are maintained for all expenditures of \$10.00 or more for purchases made by provider staff on behalf of the person.</p> <p>Receipts are maintained for all expenditures as required by the current DIDD personal funds management policy.</p>	
<p>*10.B.3. The provider ensures that the person is responsible for paying only the appropriate fees and charges.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>The agency budgets and plans for income and expense annually or when major changes occur for the person.</p> <p>Expenses are appropriate and benefit the person. The provider assists the person to have a personal allowance to support the related outcomes and action steps as specified in the individual support plan to the extent possible.</p> <p>Expenses are equitably split between/among housemates.</p> <p>If the person receives food stamps, the provider maintains receipts to document that the person's food stamps were used to purchase food for the person. Food stamp usage is documented with receipts and logs; beginning and ending balances match.</p> <p>Room and board charges for Residential Habilitation, HUD/THDA and Family Model Services are correct.</p> <p>Personal funds are not used for restitution, except as allowed by DIDD personal funds management policy.</p> <p>Personal funds are not borrowed by, or used for, staff or agency benefit.</p> <p>A person's personal funds are not used for the benefit of another person, except in the case of two persons who are married as specified in their ISPs, or when the person desires to purchase a</p>	

		<p>gift for a relative or friend for a special occasion (e.g., Christmas, Mother's Day, a birthday).</p> <p>Personal funds are not used for any medical supplies, services or equipment covered by TennCare, Medicaid or other health insurance.</p>	
<p>*10.B.4. The person's funds and assets are monitored to ensure protection of financial status, and any emerging issues are addressed with the planning team.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>If a person's expenses exceed funds available and the provider agrees to pay these costs and expects repayment, there must be a signed written agreement between the provider and person and legal representative which:</p> <ol style="list-style-type: none"> 1. Describes the expenditure and the reason for it; 2. The amount paid by the provider for the benefit of the person; and 3. The repayment plan. <p>If the person receives Supported Living Services:</p> <ol style="list-style-type: none"> 1. A lease is available; 2. The lease terms meet DIDD requirements; 3. Written approval is obtained from the appropriate DIDD staff for leases shorter or longer than one year; and 4. The rent or lease does not exceed the fair market value for the area. <p>Current award letters for SSA/SSI and food stamps are available for the previous year.</p> <p>Conservatorship papers are available.</p> <p>If there is a special needs trust for the person, the provider maintains a copy of it, as well as adequate records relative to the trust.</p> <p>Life insurance policies are available for review, including information about the beneficiary, owner and cash value.</p> <p>Burial policies are available and meet SSA irrevocable requirements.</p> <p>The provider follows the current personal funds management policy as it relates to maintenance of personal property inventories. Inventories are</p>	

		<p>perpetual, updated timely and have all required components. Items removed from the inventories are lined through, dated and signed by appropriate management staff.</p> <p>A non-consumable item valued at \$50.00 or more must be included in the personal property inventory. A non-consumable item valued at less than \$50.00 must be included in the personal property inventory if requested by the person or the conservator.</p> <p>The provider is proactive in finding and making necessary reimbursements to the person. The provider reimburses the person within 30 days following identification of any financial loss caused by the provider.</p> <p>The provider notifies the ISC or Case Manager in the event of changes in the person's personal funds that would require a revision in the ISP or that would affect implementation of actions required to meet the goals and action steps specified in the ISP.</p> <p><i>Reference: Current DIDD Personal Funds Management Policy</i></p>	
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